PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

CYSZ 2 00083

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			17		·			RATE	FEE	7	RATE:	. FEE	
FC	DR		NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00	
TC	TAL CHARGE	ABLE CLAIMS	i / minus 20= *			3		X\$ 9=		OR	X\$18=		
_	DEPENDENT C		3 minus 3 = * 2					X43=		OR	X86=		
ML	JLTIPLE DEPEN	NDENT CLAIM P	RESENT			. 🗆		+145=		OR	+290=		
* If	the difference	in column 1 is	ess than zero, enter "0" in column 2			olumn 2	•	TOTAL		OR	TOTAL	770	
	CLAIMS AS AMENDED - PART II							OTHER THAN					
		(Column 2) HIGHEST			(Column 3)	1 ,	SMALL		OR	SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus *** FMULTIPLE DEPENDENT CLA		CL AINA	=		X43=		OR	X86=		
	FIRST PRESE	ENTATION OF WIL	DETIPLE DEF	PENDENT	·		'	+145=		OR	+290=		
								TOTAL		OR	TOTAL		
(Column 1) (Column 2) (Column 3)								VDDIT. FEE		,	ADDIT. FEE		
		CLAIMS		HIGHE		(Column 3)	ſ	-	ADDI-	1		4001	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	JSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	±##	N AILA	= .		X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
							L	TOTAL DDIT, FEE			TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)									٠.		· :	·	
AMENDMENT C	•	CLAIMS REMAINING . AFTER AMENDMENT	·	HIGHES NUMBE PREVIOU PAID FO	R ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	j	=		X43=		OR	X86=		
'	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL ODIT. FEE	·	
. 1	rme inignest Num	mber Previously Paid ober Previously Paid	IS FOR IN THIS I For (Total or	Independent	ess than i) is the	i 3, enter "3." highest number			opriate box				